Navigating the Translation and Dissemination of PHSSR Findings:
A Decision Guide for Researchers
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Foreword

How to Navigate the Translation and Dissemination of PHSSR Findings: A Decision Guide for Researchers

The U.S. health system is undergoing a critically transformative process. The public health community acknowledges this unique opportunity—the chance to be leaders, or ‘chief health strategists,’ in guiding the development of a new health system that supports prevention and community-based approaches to health. Yet there certainly is no clarity with regard to the role of public health in this rapidly evolving health care environment, and specifically the role of governmental public health agencies. The emerging field of public health services and systems research (PHSSR) has the potential to inform this health system transformation—it studies the impact of different approaches to organizing, delivering, and paying for public health services and examines strategies for improving the quality and performance of the U.S. public health system.

During this health system evolution, and in the current fiscal climate, public officials are looking for solid evidence of what works to guide their funding and policy decisions. And researchers doing PHSSR want to contribute evidence to guide and assess this decision-making. However, the timely distribution of evidence is inhibited by such barriers as the lengthy process for, and traditional focus on, peer-reviewed publication. In other words, doing relevant, high quality research is necessary but not sufficient to making a difference in improving population health. Regularly translating findings and disseminating them to decision makers is becoming an essential component of the research process, and researchers are looking for more ways to provide direct evidence to support informed, real-time policy decisions.

At each stage of the research process, specific steps can increase the likelihood that findings will be implemented into policy and public health practice. This guide provides case studies, key cross-cutting themes, and resources for researchers to use to ensure that their findings are relevant, usable, and easily accessible. Although the decision steps are presented sequentially, note that the process is cyclical and the steps may need to be re-visited. For example, as a study progresses, the conclusions may become appropriate for a different audience than originally identified. This may require a new translational framework and alternative dissemination methods.

The guide is based on a presentation by Lisa Simpson, Shoshanna Sofaer, and Margo Edmunds at the 2013 PHSSR Keeneland Conference in Lexington, KY. The presentation and this guide were both developed with support from the Robert Wood Johnson Foundation to guide researchers through the decisions that must be addressed to effectively translate and disseminate their work to policymakers and public health practitioners.
As an applied field, PHSSR inherently seeks a receptive audience to apply and implement your findings. Thus, your first step in translation and dissemination is to clearly identify this audience. Begin with your research question and consider who might be interested or affected by the findings. Next, refine that audience by identifying who has the capacity to enact change.

The time to define the audience for your work is when research begins, not when it ends.

Real-world users of PHSSR include public health practitioners and policymakers seeking evidence to inform their decisions. What are their information needs? What are their priorities and concerns? How will your study build on their existing knowledge? What kinds of evidence do they need in order to implement a new program, and what kinds of opposition might they anticipate? Whose buy-in is needed for them to make changes to improve population health? And how can you incorporate all of those concerns into a sound study design?

While thinking about the primary audience for your particular study, consider the policy and practice implications of your findings. Do they suggest a change in a local health department’s practice? Or would they influence a statewide policy? Your response will determine your study’s focus and how to define and reach your primary audience.

In addition to your primary audience, your secondary audience may include other stakeholders who can benefit from your findings. For example, although you may be investigating how a particular local health department allocates immunization resources, your findings may inform funding decisions by other local agencies, by the state health department, and by other health system partners. You should consider this secondary audience—the mayor’s office, local board of health, local hospitals, the county executive. After identifying your audience(s), engage them throughout the research process.

**Working with Policymakers and Public Health Practitioners:**

- Ask them about their:
  - Concerns
  - Priorities
  - Timeline
- Clarify the goals of your work and whether it is an evaluation or research study
- Be open to the possibility that they will want to reframe your study questions to address their concerns
- Find shared interests by tracking events in the policy environment
- Develop respectful and mutually profitable relationships over time

**Resources**


The Commonwealth Fund. Plan your reporting and dissemination strategy [Internet]. The Commonwealth Fund; 2006. Available from: http://www.commonwealthfund.org/usr_doc/step_6-1_final.pdf - [Note: though this document was prepared for the purposes of assisting with the dissemination of child health research, the tips on connecting with your intended audience are useful to the PHSSR community.]

Develop Trusted Stakeholder Relationships

One of the best ways to make sure your research is relevant, timely, and actionable is to work directly with your audience—the research user—from the very beginning. This suggestion is a best practice in many fields, including community based participatory research (CBPR) (Tandon et al., 2007; PolicyLink, 2012).

If your work focuses on assessing or solving a community level problem, don’t do research “on” a community, do research “with” a community, so they are active players and partners rather than passive participants.

Partnership models such as CBPR are challenging; they require researchers to recognize and incorporate the knowledge, preferences, and wisdom of community residents, as well as to address their own limits and biases, including a desire to “control” their research variables. It takes time to build trust and mutual respect with a community and its leaders. Some researchers are reluctant to engage at the community level because of their concerns that time spent in relationship-building will prevent them from meeting all of their funding and deliverable timelines. However, it is important to remember that some communities—especially low-income communities and communities of color—have had experiences with other researchers in which they were not engaged and respected as full partners, and where they were not even provided with findings or implications at the conclusion of a study. They are understandably reluctant to engage with you unless you can identify mutually beneficial reasons to do so.

Maintain Stakeholder Connections during the Study

From the beginning, it will help to include community representatives from your priority audience on an Advisory Committee. If your Advisory Group meets regularly, you can use each session to share preliminary results, garner suggestions for fine-tuning the project, and engage your audience in translation. This will contribute to a better study—and also to trusted relationships with those who will ultimately use your research. You also can have “subcommittees” that focus on different areas of concern, including technical issues such as measurement, legal issues such as sharing of personal health information, or communications issues, such as messaging to particular stakeholders. Your goal is to engage a group of co-contributors for your work, so that when your findings are ready for dissemination, your audience is looking forward to its arrival.

In larger communities, in addition to just having individual citizens as advisors, you may want to include community leaders who represent larger constituencies, such as the faith-based community, representatives of hospitals or health systems, or local chapters of professional membership organizations. It is important that multiple voices from different spheres be incorporated to minimize bias. Another approach would be to engage Practice-Based Research Networks (PBRNs). Within PHSSR, these networks are partnerships between public health practitioners and researchers. While some of these practitioners may have already been identified as a primary target audience, further engagement through a PBRN expands their roles, making them more likely to implement relevant findings. Make the most out of this relationship by defining specific roles for the practitioners and identifying opportunities to engage in dialogue on the project.

Consistent feedback from your Advisory Group and/or local practitioners can help refine appropriate study methodology and provide a unique perspective on your research objectives. Build, maintain, and leverage these important stakeholder relationships to improve the overall quality of your work and to receive invaluable translation assistance.
Resources

Find a list of common PHSSR stakeholders from the National Coordinating Center for PHSSR here:

http://www.publichealthsystems.org/phssr-quick-links.aspx


Smart Chart. http://www.smartchart.org/


Once you’ve built a relationship with your stakeholders, the next step is translating your findings so they can be disseminated and put into action. However, much like the other steps, translation should not wait until the study is complete. Meaningful collaboration requires that you explain the nature of your work, and its potential impact, to your stakeholders from the start. With the groundwork laid in the first few steps of this guide, your research users should already be expecting your results.

**Framing Your Findings**

It is essential to consider your primary audience’s perspective and to present your evidence so that the utility of your conclusions is obvious to them. It is also important to designate a primary spokesperson and point of contact for your study to ensure a consistent connection.

When communicating, use words, phrases and examples that anyone can understand. Research results are often presented in scientific jargon that policymakers or public health practitioners can’t readily turn into action. By using the plain language checklist below from the Center for Plain Language, you can ensure that your audience has the information necessary to make informed decisions that impact policy and practice.

As you reach out to the end users of your research, consider your funder’s guidelines about perceived lobbying and what constitutes lobbying. Many funders expressly prohibit the use of resources for lobbying or political activities so ensure that your strategy is within the funder’s guidelines.

**Case Study**

Mays and Smith published a study in Health Services Research demonstrating wide variation in local public health agency expenditures. This 2009 study concluded that “the mechanisms that determine funding flows to local agencies may place some communities at a disadvantage in securing resources for public health activities,” and that this spending is inversely related to medical care spending. Many of the strategies mentioned in this guide were deployed to summarize and communicate this landmark study, “Geographic Variation in Public Health Spending: Correlates and Consequences.” (See Table 1 below)

For this particular example, what messages would you present to practitioners? To policymakers? Could you use these results to justify a recommendation for a more equitable distribution of public health resources? Or, to argue that fewer resources should be cut from public health budgets compared to other budgets? Do you integrate this study with other research findings that support preventive services and urge practitioners to shift from tertiary to primary prevention? Or do you dig deeper into the correlates, trying to uncover more about whether public health spending is causing lower healthcare spending? In this case study, and many others, perhaps your translation process is “opportunistic.” That is, perhaps your study is best translated when it becomes timely—when it supports, or calls into question, a policy initiative. When carrying out a “watchful waiting” strategy, researchers can still disseminate their results to extend their reach.
Table 1. Translating “Geographic Variation in Public Health Spending: Correlates and Consequences” from Health Services Research 2009.

<table>
<thead>
<tr>
<th>Audience</th>
<th>Medium</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researchers</td>
<td>Oral Presentation</td>
<td>The messaging concerns future research questions that can build on this work.</td>
</tr>
<tr>
<td></td>
<td>• University of North Carolina PHSR Seminar, 2009</td>
<td>Further research is needed to inform a coordinated allocation of resources from the public health and medical care systems.</td>
</tr>
<tr>
<td></td>
<td>• Keeneland Conference 2011</td>
<td>There is a need for “improved data systems to track not only medical care spending (Cutler, Rosen, and Vijan 2006) but also public health expenditures at national, state, and local levels.”</td>
</tr>
<tr>
<td>Practitioners</td>
<td>Oral Presentation</td>
<td>The messaging addresses community disparities and resource allocation.</td>
</tr>
<tr>
<td></td>
<td>• Arkansas County Health Officers Meeting, 2009</td>
<td>How can the “complex interaction of economic, political, bureaucratic, and health-related factors that place some communities at a disadvantage in securing resources for prevention” be addressed so that communities with high proportions of racial and ethnic minorities no longer face diminished public health funding?</td>
</tr>
<tr>
<td></td>
<td>• American College of Preventive Medicine Meeting, 2009</td>
<td>If a community spends more on prevention, do they need to spend less on medical care? If a community spends more on medical care, should they re-direct funds to keep people from getting sick in the first place?</td>
</tr>
<tr>
<td>Policymakers</td>
<td>Print and Online Publication</td>
<td>The messaging focuses on savings and cost effectiveness.</td>
</tr>
<tr>
<td></td>
<td>• American Hospital Association’s Trend Watch</td>
<td>“Variation in health care spending suggests opportunities for reduced utilization and cost savings, or the realignment of spending in ways that reward efficiency; greater exploration of the factors influencing variation is warranted before such estimates – or policies in response – can reasonably be made.”</td>
</tr>
<tr>
<td></td>
<td>• RWJF Policy Highlight</td>
<td>“In order to efficiently use every dollar allocated to public health wisely, this nation needs a uniform system to track public health spending that occurs through a patchwork of national, state and local mechanisms.”</td>
</tr>
</tbody>
</table>

Plain Language Checklist

A document, web site or other information is in plain language if...

The Basic Approach specifies and considers who will use it, why they will use it, and what tasks they will do with it. Consider if the basic approach:
• Identifies the audiences and is clearly created for them.
• Focuses on the major audiences and their top questions and tasks.
• Does not try to be everything to everyone.

The Design reinforces meaning and makes it easier for the audience to see, process, and use the information. Consider if the design:
• Organizes the information in a sequence that’s logical for the audience.
• Uses layout to make information easy to find, understand, and use.
• Uses principles of good design – including appropriate typography, font size, line spacing, color, white space, and so on.
• Uses visuals to make concepts, information, and links easier to see and understand.
• For online information, minimizes the number of levels.
• For online information, layers information appropriately, avoiding too much on one page.

The Structure is well-marked so the audience can find the information it needs. Consider if the structure:
• Uses many informative headings to guide the audience to the key information most important to them.
• Helps the audience to quickly complete tasks.
• Breaks content into topics and subtopics that match the audience’s needs for information.
• For a document, minimizes cross-references.

The Language minimizes jargon and uses sentence structure, strong verbs, word choice, and other similar techniques to ensure the audience can read, understand, and use the information. Consider if the language:
• Has a conversational style—rather than a stuffy, bureaucratic style.
• Is simple and direct without being too informal.
• Uses reasonably short sections, paragraphs, and sentences.
• Uses sentence structure, especially the verbs, to emphasize key information.
• Uses transitions to show the link between ideas, sections, paragraphs, or sentences.
• Puts titles, headings, and lists in parallel form.
• Uses words familiar to the audience.
• Puts titles, headings, and lists in parallel form.
• Uses an appropriate tone for the audience.
• Anticipates the questions and needs of the audience.
• Demonstrates a concern for the audience.
• Provides a revision date to show the age of the information.
• Shows how to get additional information.

The Author—whether an individual or an organization—creates a sense of reliability and trustworthiness. Consider if the author:
• Demonstrates a concern for the audience.
• Anticipates the questions and needs of the audience.
• Uses an appropriate tone for the audience.
• Provides a revision date to show the age of the information.
• Shows how to get additional information.

The Testing conducted is appropriate for the combined impact, importance, and type and number of the audience. Consider if testing:
• Needed to be done.
• Was done.
• Was sufficiently and appropriately robust.

For the Overall assessment, consider if the audience overall can:
• Understand the main purpose and message.
• Complete the task.
• See how the design and the substantive content reinforce each other.
• Scan to find information.
• Follow the language easily.

Source: Center for Plain Language. Available from the Center’s website: http://centerforplainlanguage.org/about-plain-language/checklist/
Resources


Center for Plain Language. Plain Language Checklist [Internet]. Available from: http://centerforplainlanguage.org/about-plain-language/checklist/


As with the previous steps, dissemination should be considered from the start. And the time is right: public health practitioners currently seek best practices as they face increasing accountability standards and reduced resources. How should you deliver the evidence base they need?

The availability of your own resources (e.g. staff, money, time), and the timeliness of your findings, will influence your dissemination approach. Potential vehicles for dissemination range from print sources like traditional journals, issue briefs, and press releases, to online methods like social media and blogging. This is where the relationships you have been fostering will bear fruit. Your Advisory Group and other key stakeholders will know what information sources your end users rely on, allowing you to meet them where they are rather than expecting them to seek out your information in unfamiliar places. Take advantage of all available resources to disseminate your findings so that you can deploy a range of strategies.

Using Mainstream Media for Dissemination

Newspapers and radio are underused as outlets to reach local stakeholders and increase awareness of your work. If you are based at a university or a local agency, you might already know someone in a communications or public affairs office who can help you write and issue a press release when your study is funded. Communications officers usually have ongoing relationships with local journalists or radio programs that are looking for stories or people to interview.

You also can reach out directly to a journalist at your local newspaper. There may be someone who routinely covers a “health beat” or human interest stories. For example, you might invite the journalist to participate in an Advisory Committee meeting or in a discussion with your project stakeholders. Or you might set up a breakfast briefing when your study launches and invite a journalist and other community leaders to attend.

You may also think about writing letters to the editor of your paper, or penning an “opinion piece.” (See The OpEd Project below). This strategy may be most effective when an issue addressed by your study is in the news. (This opportunistic approach is mentioned in the section above).

Use Social Media Effectively

In addition to including your stakeholders in face-to-face meetings, you might want to consider engaging them by creating an online presence for your study. Regular postings and updates on a study web site (such as minutes of Advisory Committee meetings, calls for volunteers to be interviewed, etc.) can help to build an audience and keep the community informed about your progress.

Facebook and Twitter can also be used to keep your audience informed. For example, you might want to set up a Facebook page and provide regular updates of events so that community members can comment and ask questions. Or you might want to set up a Twitter hashtag (a combination of a pound sign and word or acronym typically used for searching or tracking tweets, i.e. #yourstudy) for your study so that once your findings are released you have an engaged audience. If your research is grant-funded, your funder likely already has a large network of social media “followers.” Be sure to engage the funder’s program staff regularly so that their communication officers also can push relevant findings out to wider audiences than you might reach alone.

Case Study

Suppose your study examines the association between public health agency accreditation and leadership characteristics and finds that local public health agencies led by individuals with medical or nursing degrees are twice as likely to receive accreditation.

What would be the study’s implications for practitioners? It is relatively clear cut: if possible, hire someone with an M.D., B.S.N., or R.N. as your local health director. Should you go further and
recommend that there should be a law, regulation or standard requiring one of those degrees for a local health director? What might that mean for very small health departments, and/or rural ones? How would this result inform the evolving accreditation effort? Does your research provide sufficient information to address these concerns?

Who might be the audience for this finding?

- Would you contact local health departments across the country? What about the National Association of City and County Health Officials (NACCHO)? Are they in a position to act on your recommendation or are they constrained by their mandate to serve ALL their members, including those who don’t have those degrees? If you have one, what about your State Association of County and City Health Officials (SACCHO)?

- Do you have a Local Board of Health (LBOH)? In some jurisdictions, LBOHs are responsible for hiring/firing agency administrators. Or what about the National Association of Local Boards of Health- could they more quickly disseminate your findings to the areas where LBOHs exist?

- How about the Public Health Accreditation Board (PHAB), since they set standards for national health department accreditation? They currently don’t have a standard about the educational level of health department leaders, but they are interested in promoting a quality public health work force.

Based on this example, how should researchers disseminate these findings?

When considering your own research, start by sketching out the dissemination goals along with a sample budget. Then, use Table 2 below to select your ideal dissemination route(s) based on your conclusions and audience.
<table>
<thead>
<tr>
<th>Medium</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>PHSSR Examples</th>
<th>Resources</th>
</tr>
</thead>
</table>
| Peer reviewed publications   | • Lend credibility  
• Required by promotion and tenure committees | • Long review process  
• Read mainly by academics  
• Policy relevance may be tough to translate (many are focused on methods/data)  
• Highly competitive  
• Often require subscription | Journal of Public Health Management and Practice  
American Journal of Public Health  
Health Affairs  
Frontiers in PHSSR | Understanding the Publishing Process  
| Grey literature              | • Published quickly  
• Easily accessible  
• Typically free | • Less credibility than peer reviewed journals  
| Issue Briefs (Research Briefs/Policy Briefs) | • Highlights key findings  
• Quick turnaround  
• Can be peer reviewed | • May be perceived as biased, depending on the author, the review process, and the organization that published it | http://www.academyhealth.org/files/RI2013PopHealth.pdf  
| Press release                | • Can be distributed to wide audience  
• You control the message  
• Can be used to reach broader audiences | • Not likely to be read by policymakers unless a third party cites it (e.g., public information officer, university press office) | | Tip Sheet: How to Write a Press Release. Available from: http://www.rwjfleaders.org/resources/how-write-press-release |
| Organization e-newsletters/listservs | • Targeted audience  
• Quick turnaround | • Your message can get lost  
• Reliance on the organization for publicity | National Coordinating Center for PHSSR  
ASPH’s Friday Letter | |
| Blogs                        | • Immediate publication  
• Easily accessible  
• Free | • Can lack credibility  
• Requires additional promotion | The Incidental Economist  
Health Affairs Blog  
| Social Media (Facebook, Twitter, LinkedIn, etc.) | • Immediate distribution  
• Free  
• Very broad reach | • Potential loss of control of content through comments  
| Conferences                  | • Lends credibility  
• Opportunity to receive feedback | • Very competitive  
• Requires travel time and money | AcademyHealth’s Annual Research Meeting  
National Health Policy Conference | |
| In-Person Briefings (with press, with policymakers) | • Easy to retarget message  
• Quick turnaround | • Reaches only a very small group of people  
• Can be difficult to schedule | Townhall Meeting in a Box: http://www.countyhealthrankings.org/node/19415 | |
| Webinars                     | • Limited time and travel commitment  
• Allows for audience interaction | • Can be costly  
• Reach limited to event participants | AcademyHealth Webinars  
Public Health Institute Webinars | |
Conclusion

This translation and dissemination guide was created for PHSSR researchers as a tool for putting their findings into action. All four steps are meant to occur alongside the research process—so studies are conducted while audience identification, stakeholder engagement, translation of results, and dissemination of findings are considered. While translation and dissemination strategies will vary by research project, this guide provides a number of strategies and resources for tailoring stakeholder engagement and information strategies to your findings.

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